DOCUMENT RESUME

ED 267 307 CG 018 887

AUTHOR Abbey, Antonia; Rovine, Michael
TITLE Social Conflict: The Negative Aspect of Social Relations.
PUB DATE 25 Aug 85
NOTE 22p.; Paper presented at the Annual Convention of the American Psychological Association (93rd, Los Angeles, CA, August 23-27, 1985).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adults; *Conflict; Drug Use; *Interpersonal Relationship; *Social Networks; *Social Support Groups; Stress Variables; *Well Being

ABSTRACT

Interpersonal relationships can be nonsupportive as well as supportive. A study was conducted to investigate the negative aspects of social relations which parallel two positive components of social relations, esteem support and affirmative support. If social support represents the positive aspects of interpersonal relationships, social conflict represents the negative. Social support and social conflict were measured in relation to stress in 675 outpatient pharmacy users, about one-half of whom had filled a prescription for Valium within the previous six months. (The effects of Valium use on stress and well-being were of interest to the researchers whose longitudinal data were used in this study.) Although not intended to be representative of American adults, the subjects' distributions of sex, age, and education were similar to those for American adults. Participants were interviewed on four different occasions in their homes with questions about stress, life quality, social support, social conflict, positive and negative affect, self-esteem, physical health, performance at work and home, and medication use. The results indicated that social support and social conflict were not correlated. Positive and negative aspects of social relations did appear to be independent of each other. Social support was found to relate strongly to positive outcomes while social conflict related strongly to negative outcomes. (ABL)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

ED267307

# Social Conflict: The Negative Aspect of Social Relations

Antonia Abbey[1]

Michael Rovine

Pennsylvania State University

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Antonia Abbey

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG018887

Paper presented at the Annual Meeting of the American Psychological Association, Los Angeles, August 25, 1985, as part of a symposium entitled "Nonsupportive Aspects of Social Relations", Robert Caplan, Chair.

1 Now at the Department of Community Medicine, Wayne State University, 540 E. Canfield, Detroit, MI 48201.

As Drs. Rook (1985) and Coyne (Coyne, Wortman, & Lehman, 1985) have discussed, there are a number of ways in which interpersonal relationships can be nonsupportive. For example, significant others can be nonsupportive by providing the wrong type of support for the occassion -- a friend may use distraction when you really want to talk or try to talk when you are tired of talking and want to be distracted. Or significant others can be nonsupportive by providing too much support -- for example, by providing so much advice and assistance that you feel they are taking over and experience resentment.

Two of the most frequently mentioned components of social support are esteem support and affirmative support (Kahn & Antonucci, 1980; Wortman, 1984). Esteem or emotional support involves expressions of love, respect, care, and concern. The label "esteem support" has been used by some researchers for this component of support because of the presumed esteem bolstering effects that such expressions of caring and concern have (Cobb, 1976; Cohen & McKay, 1984). Affirmative or informational support involves providing information which validates an individual's feelings or experiences; that lets them know that their reactions are normal.

We posit -- and the "we" I am referring to includes five colleagues with whom the study I describe in this talk was conducted -- David Abramis, Frank Andrews, Bob Caplan, Terry Conway, and Jack French -- that there are negative aspects of social relations which parallel these two positive components of

social relations. Thus if social support represents the potentially positive aspects of interpersonal relations such as expressions of positive affect, regard, and affirmation, then social conflict represents the potentially negative aspects of interpersonal relations such as expressions of negative affect, disregard, and disaffirmation. No matter how much we care for someone, we are likely at times to express anger and dislike -- in fact, we are probably most likely to express such negative emotions toward the people we care for most. Argyle and Furnham (1983) found that one's spouse was the greatest source of both satisfaction and conflict. Close relationships frequently produce disagreements and frustrations which may function as stressors or exacerbate existing stress (Schaefer, Coyne, & Lazarus, 1981. As one author put it "our best friends are the source of our greatest sorrow and bitterness." (Fenelon, 1714, cited in Sanders, 1901).

Similarly, no matter how understanding we try to be, there are times when we are going to misunderstand significant others and provide information which disaffirms their feelings. For example, a few years ago an unmarried coworker told me that she was pregnant. I made the assumption that this was bad news and spoke accordingly only to find that she was quite happy about it. I am sure that my misunderstanding of what the event meant to her was not supportive.

Furthermore, social conflict is most likely to occur under times of prolonged stress, just when individuals have the greatest need for social support. As two of my fellow panelists here today -- Camille Wortman and Jim Coyne -- have described extensively in their writings (Coates & Wortman, 1980; Coyne, 1976; Coyne, Aldwin, & Lazarus, 1981; Wortman & Dunkel-Schetter, 1979), support givers

become frustrated when their well-intentioned efforts to be supportive appear to have no effect. With time, they begin to express their anger, frustration, and inability to understand why their loved one hasn't shown any improvement -- all of which makes their loved one feel even worse.

Sometimes social conflict occurs overtly. For example, imagine that your spouse has a new manager whom he or she doesn't like and complains about alot. At first you are going to be sympathetic and willing to listen and offer suggestions. After a few weeks, however, if your spouse repeats these complaints day after day, you are going to be tired of hearing the same old complaints (especially if you have not been given the chance to express your own) and you'll let your spouse know it -- probably in a burst of anger. Naturally, you have the right to feel this way but your spouse is unlikely to perceive this behavior as supportive. Research indicates that disagreement, conflict, and arguing are common in marriage (Argyle & Furnham, 1982; Burgess, 1981). I doubt this surprises any of us, but it reminds us the fact that significant relationships can be unsupportive as well as supportive.

At other times social conflict may be expressed more covertly. For example, if you have to take care of an aging parent, you may realize that they need your assistance and you may feel that such care is part of your familial responsibilities. But you may feel so drained and overwhelmed by the time and effort involved, that nonverbally you display your frustration by avoiding eye contact or avoiding making conversation or by speaking in a sarcastic rather than sympathetic tone. This too will be perceived

as nonsupportive by the recipient.

I have given these examples of potential positive and negative aspects of social relations in order to justify why we thought it was important to measure both social support and social conflict in our examination of the effects of stress on well-being. All of the talks in this symposium highlight the fact that in order to fully examine the effects of social relations on adjustment, we need to consider both potentially positive and negative effects.

We hypothesized that social support and social conflict were independent concepts, not merely opposite ends of the same continuum (Barrera, 1981; Lehmann, Shinn, Allen, & Simko, 1983; Rook, 1984). It is possible to feel both loved and misunderstood simultaneously, and the effects of such a combination should be quite different from the effects of either in isolation.

This study was designed so that both the main effects and moderator effects of social support and social conflict could be examined. Social support may directly positively influence affect and well-being by providing individuals with a sense of self-worth and a valued social identity (Shinn, Lehmann, & Wong, 1984; Thoits, 1982). Social support may moderate the effects of stress on affect, performance, and well-being by providing individuals' with information that improves coping strategies or by providing encouragement to continue coping attempts rather than give up (Wortman, 1984). Social conflict is expected to have converse main effects, thus reducing self-esteem and well-being and increasing negative affect. Furthermore, we hypothesized that high levels of social conflict might exacerbate the effects of stress on strain.

For example, individuals under deadline pressure (like trying to finish preparing a talk) might feel especially anxious or incompetent if they also felt that their spouse misunderstood and disliked them for working so many nights and weekends. Thus social conflict might compound the negative effects of stress by providing an additional stressor that has to be dealt with. Because of time constraints, in this talk I will focus on the main effects of social support and conflict.

## Method

I am going to describe the method and design of this study fairly quickly, so we have time to discuss the results. The data which we used to examine our hypotheses come from a longitudinal panel study of 675 outpatient pharmacy users (see Caplan, Abbey, Abramis, Andrews, Conway, & French, 1984 for a detailed description of this study). Respondents were selected such that approximately half of the participants had filled a prescription for Valium within the prior six weeks and half had not. This was done because we were particularly interested in examining the effects of Valium use on stress and well-being. While respondents in this study were not intended to be representative of all American adults, I want to note that respondent characteristics were compared to national Census data and the respondents in this study were similar to the adult American population with respect to distributions on sex, age, and education. While it is important that these results be replicated with a more representative sample, we did feel that this was an apppropriate set of respondents with which to examine the impact of social relations on well-being.

I also want to note, that numerous analyses were done to compare the responses of Valium users and nonusers. In all cases, the relationships between variables were the same for both groups. For example the magnitude of the relationship between social support and depression was comparable for Valium users and nonusers. So I will make no distinctions between these groups in the results I'll describe.

Respondents were interviewed four times, approximately six weeks apart. Interviews were conducted in-person, usually in the respondent's home. The study was presented to respondents as a study of the effects of stress on health, work, and everyday life. Through the use of a structured interview, respondents were asked questions regarding stress, life quality, social support, social conflict, positive and negative affect, self-esteem, physical health, performance at work and home, and medication use. Interviews lasted approximately 90 minutes. Most questions were repeated at each interview so that change could be assessed.

All of the major concepts were measured with indices. Preexisting measures were used when possible (e.g., Hopkins Symptom Checklist, Derogatis et al., 1974) or measures were based on previous work (e.g., Andrews & Withey, 1976; Caplan et al. 1980). All questions were asked in terms of "the last seven days" so that respondents would focus on a fairly short timeframe in their responses.

Social support and social conflict items were asked in terms of how much had been received. For example, one of the esteem social support items was phrased "in the last seven days how much

did some one person treat you with respect?" An example of a social conflict item was, "in the last seven days how much did some one person misunderstand the way you think and feel about things?" Some other researchers have also phrased their items in terms of received support while others have asked about the availability of support or satisfaction with support (Lieberman, 1982; Sarason, Levine, Basham, & Sarason, 1983; Schaefer, Coyne, & Lazarus, 1981). Measures which focus on perceived availability of support make the assumption that it is the anticipation of support which is most important. Of course, such an assumption can prove false when one attempts to utilize anticipated support. We chose to phrase our questions in terms of received support because we were interested in assessing relatively short-term change and thought this phrasing would be most responsive to change. I also want to note that the "some one person" phrasing was selected based on a pilot test of several phrasings (see Abbey, Abramis, and Caplan, 1985 for details).

Factor analyses indicated two social support factors, as we had anticipated; one reflecting care and concern, the other information and affirmation. However, this did not occur for social conflict; all the social conflict items loaded on one factor instead of forming two (i.e., negative affect and disaffirmation items loaded together). This may be because due to time constraints in the interview, not many items were included for each factor. I am now analyzing some data with a student at Penn State, Nancy Weishew, from a follow-up study in which many more social conflict items were included. I am hoping that we will find evidence for subfactors in this second study (c.f.,Lehmann, Shinn, Allen, &

Simko, 1983).

## Results and Discussion

First, the interrelationships between the esteem social support, affirmative social support, and social conflict measures were examined. The average correlation, across the four waves of data collection, between esteem and affirmative social support was .52 (r's ranged from .47 to .56).

The average correlation between esteem social support and social conflict was -.18 (r's ranged from -.14 to -.22). Similarly, the average correlation between affirmative social support and social conflict was -.10 (r's ranged from -.08 to -.16). Thus, as expected, social support and social conflict were virtually uncorrelated. Positive and negative aspects of social relations do appear to be independent of each other; we cannot assume that someone who is receiving a lot of support is not simultaneously experiencing a lot of nonsupportive behavior from network members.

### Correlational Analyses

Now, let me briefly describe the correlational analyses which included outcome measures before turning to our structural models. Esteem and affirmative social support and social conflict were correlated with a variety of outcome measures. As can be seen from Table 1, these measures included life quality, self-esteem, negative affect, and perceived performance. Table 1 includes the Time 4, cross-sectional data, but the findings were comparable

cross-sectionally at the other three timepoints and in lagged analyses, in which social support and conflict preceded outcomes by six weeks.

---

Insert Table 1 about here.

---

Several findings can be extracted from Table 1. First, social support correlated modestly with all the outcome variables. In all cases, esteem and affirmative support showed the same pattern of relationships. Despite the fact that they formed separate subfactors, at least in this data they did not differentially relate to outcome measures. Social support, as expected, related positively to self-esteem, life quality, and performance, and negatively to negative affect. Second, social conflict correlated moderately with all the outcome variables. As predicted, social conflict correlated positively with negative affect and negatively with self-esteem, life quality, and performance. Social conflict related particularly strongly to negative affect. Not surprisingly, nonsupportive social relations produce anger, anxiety, and depression.

Structural Modeling

Now let's examine a subset of these variables in a structural model. I have presented the Time 4 cross-sectional data, but the results are quite comparable at the other three timepoints. I have

only included the latent variables and significant paths in Figure 1 in order to simplify the diagram. There are several major findings. First, increased levels of stress produce increased depression and decreased self-esteem, life quality, and performance. Second, social support has an independent effect on these same outcome measures, such that increased support leads to reduced depression and increased self-esteem, life quality, and performance. As you can see, social support's largest impact is on performance. I should mention that we tested a number of different models, in which alternative paths and causal directions were examined. The model presented in Figure 1 fit the data much better than any of these alternative models.

---

Insert Figure 1 about here.

---

Figure 2 presents a parallel model which includes social conflict instead of social support. As you can see, the relationships between stress and the outcome variables are comparable in both models as we would expect. In this model, social conflict leads to increased depression and reduced self-esteem, life quality, and performance. Social conflict's largest impact is on depression (cf. Fiore, Becker, & Coppel, 1983).

---

Insert Figure 2 about here.

---

Also I want to point out that in general, social support relates more strongly to "positive outcomes" such as self-esteem and life quality while social conflict relates most strongly to "negative outcomes" such as depression and anxiety. In other analyses of this data, similar results were found for positive and negative components of life quality -- positive components of life quality related most strongly to positive outcomes such as social support, internal control, and performance while negative components of life quality related most strongly to negative outcomes such as stress, social conflict, and depression (Abbey & Andrews, 1985). A number of researchers have found that positive and negative affect are uncorrelated (if measured over some period of time, e.g., Diener, Larsen, Levine, & Emmons, 1985). This different pattern of relationships for social support and social conflict replicates and extends this separation of positive and negative affect into two separate components. These findings suggest that positive psychological concepts such as self-esteem and perceived life quality may be most influenced by positive experiences including the receipt of social support, while negative psychological concepts such as anxiety and depression may be most influenced by negative experiences including the receipt of social conflict. Earlier Dr. Rook (1985) noted that negative aspects of social relations might have a stronger impact on well-being than positive aspects and there is some support for this hypothesis in this data. Also, based on this data I want to suggest that positive and negative aspects of social interactions may influence

somewhat <u>different</u> components of well-being.

## Conclusion

So what are the implications of these findings? I think the implications are simple but important; probably most of us can confirm them after reflecting on our own relationships. Other people can provide us with a sense of purpose and great joy, but they can also cause great frustration and pain. In the last few years, a number of researchers and practionners have been excited about the possibility of using social support as an intervention to help people cope with stress and feel better about their lives (e.g., Bloom & Ross, 1977; Raphael, 1977). I don't think we need to relinquish this enthusiasm for social support as an intervention but we do need to temper it -- before we rush out and prescribe social interactions as a cure to all problems we need to acknowledge their potentially harmful effects and develop techniques to minimize them.

References

Abbey, A., & Andrews, F.M. (1985). Modeling the psychological determinants of life quality. Social Indicators Research, 16, 1-34.

Abbey, A., Abramis, D.J., & Caplan, R.D. (1985). Effects of different sources of social support and social conflict on emotional well-being. Basic and Applied Social Psychology, 6, 111-129.

Andrews, F.M., & Withey, S,B. (1976). Social indicators of well-being: Americans perceptions of life quality. New York: Plenum Press.

Argyle, M., & Furnham, A. (1982). The ecology of relationships: Choice of situation as a function of relationship. British Journal of Social Psychology, 21, 259-262.

Argyle, M., & Furnham, A. (1983). Sources of satisfaction and conflict in long-term relationships. Journal of Marriage and the Family, 45, 481-493.

Barrera, M., Jr. (1981). Social support in the adjustment of pregnant adolescents -- assessment issues. In B.H. Gottlieb (Ed.) Social networks and social support (pp. 69-96). Beverly Hills, CA: Sage.

Burgess, R.L. (1981). Relationships in marriage and the family. In S. Duck & R. Gilmour (Eds.) Personal Relationships, Vol. 1 (pp. 179-196). London: Academic Press.

Caplan, R.D., Abbey, A., Abramis, D.J., Andrews, F.M., Conway, T.L., & French, J.R. P., Jr. (1984). Tranquilizer use and well-being: A longitudinal study of social and psychological effects. Ann Arbor, MI: Institute for Social Research, University of Michigan.

Caplan, R.D., Cobb, S., French, J.R.P., Jr., Harrison, R.V., & Pinneau, S.R., Jr. (1980). Job demands and worker health: Main effects and occupational differences. Ann Arbor, MI: Institute for Social Research, University of Michigan.

Coates, D., & Wortman, C.B. (1980). Depression maintenance and interpersonal control. In A. Baum & J. Singer (Eds.), Advances in environmental psychology: Applications of personal control (Vol. 2, pp. 149-182). Hillsdale, NJ: Lawrence Erlbaum Associates.

Cobb, S. (1976). Social support as a moderrator of life stress. Psychosomatic Medicine, 38, 300-314.

Cohen, S., & McKay, G. (1984). Social support, stress and the buffering hypothesis: A theoretical analysis. In A. Baum, S.E. Taylor, & J.E. Singer (Eds.), Handbook of psychology and health (Vol. 4, pp.253-267). Hillsdale NJ: Lawrence Erlbaum Associates.

Coyne, J.C., Wortman, C.B., & Lehman, D. (1985, August). The other side of support: Emotional overinvolvement and miscarried helping. Paper presented at the Annual Meeting of the American Psychological Association, Los Angeles.

Coyne, J.C., Aldwin, C., & Lazarus, R.S. (1981). Depression and coping in stressful episodes. Journal of Abnormal Psychology, 90, 439-447.

Derogatis, L.R., Lipman, R.S., Rickels, K., Uhlenhuth, E.H., & Covi, L. (1974). The Hopkins Symptom Checklist (HSCL): A measure of primary symptom dimensions. In P. Pichot (Ed.), Psychological measurements in psychopharmacology (Vol. 7, pp. 79-110). Basel: Karger.

Diener, E., Larsen, R.J., Levine, S., & Emmons, R.A. (1985). Intensity and frequency: Dimensions underlying positive and negative affect. Journal of Personality and Social Psychology, 48, 1253-1265.

Fiore, J. Becker, J., & Coppel, D.B. (1983) Social network interactions: A buffer or a stress. American Journal of Community Psychology, 11, 423-439.

Lehmannn, S., Shinn, M., Allen, J., & Simko, P. (1983, August). Measuring social supports. Paper presented at the Annual Meeting of the American Psychological Association, Anaheim, CA.

Lieberman, M. (1982). The effects of social supports on responses to stress. In L. Goldberg, & S. Breznitz (Eds.), Handbook of stress (pp. 764-783). New York: The Free Press.

Kahn, R.L., & Antonucci, T.C. (1980). Conveys over the life course: Attachment, roles, and social support. In P.B. Baltes & O. Brim (Eds.), Life-span development and behavior (Vol. 3, pp. 253-286). Boston: Lexington Press.

Rook, K.S. (1984). The negative side of social interaction: Impact on psychological well-being. Journal of Personality and Social Psychology, 44, 127-139.

Rook, K.S. (1985, August). Nonsupportive aspects of social relations. Paper presented at the Annual Meeting of the American Psychological Association, Los Angeles.

Sanders, E.K. (1901). Lettres et Opuscules Inedits de Fenelon. New York: Longman, Green, & Co.

Sarason, I.G., Levine, H.M., Basham, R.B., & Sarason, B.R. (1983). Assessing social support: The social support questionnaire. Journal of Personality and Social Psychology, 44, 127-139.

Schaefer, C., Coyne, J.C., & Lazarus, R.S. (1981). The health-related functions of social support. Journal of Behavioral Medicine, 4, 381-406.

Shinn, M., Lehmann, A., & Wong, N.W. (1984). Social interaction and social support. Journal of Social Issues, 40, 55-76.

Thoits, P.A. (1982). Conceptual, methodological, and theoretical problems in studying social support as a buffer against life stress. Journal of Health and Social Behavior, 23, 143-159.

Wortman, C.B. (1984). Impact and measurement of social support of the cancer patient. Cancer, 53, 2339-2360.

Wortman, C.B. & Dunkel-Schetter C. (1979). Interpersonal relationships and cancer: A theoretical analysis. Journal of Social Issues, 35, 120-155.

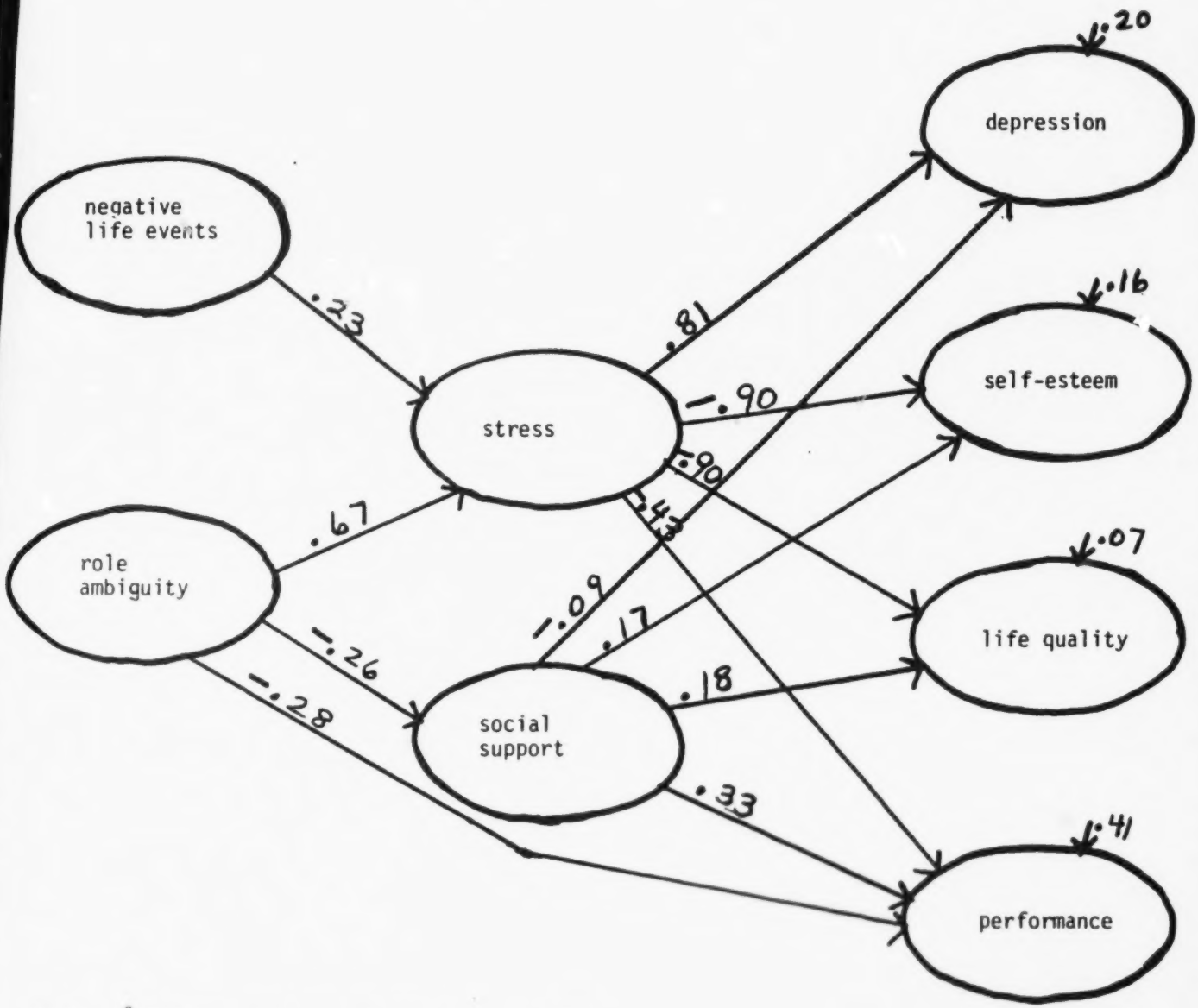
Table 1

Intercorrelations Between Social Support, Social Conflict, and Well-Being

| | Esteem Social Support | Affirmative Social Support | Social Conflict |
|---|---|---|---|
| Life Quality | | | |
| Personal life | .33 | .28 | -.40 |
| Work life | .23 | .24 | -.29 |
| Health | .11 | .14 | -.18 |
| Life-as-a-whole | .30 | .27 | -.35 |
| Self-esteem | .35 | .30 | -.36 |
| Affect | | | |
| Anxiety | -.09 | -.08 | .35 |
| Depression | -.20 | -.16 | .42 |
| Anger | -.12 | -.06 | .51 |
| Performance | | | |
| Personal life | .35 | .31 | -.20 |
| Work life | .33 | .35 | -.10 |

Note: With a sample size of 675, r's $\geq |.12|$ are significant.

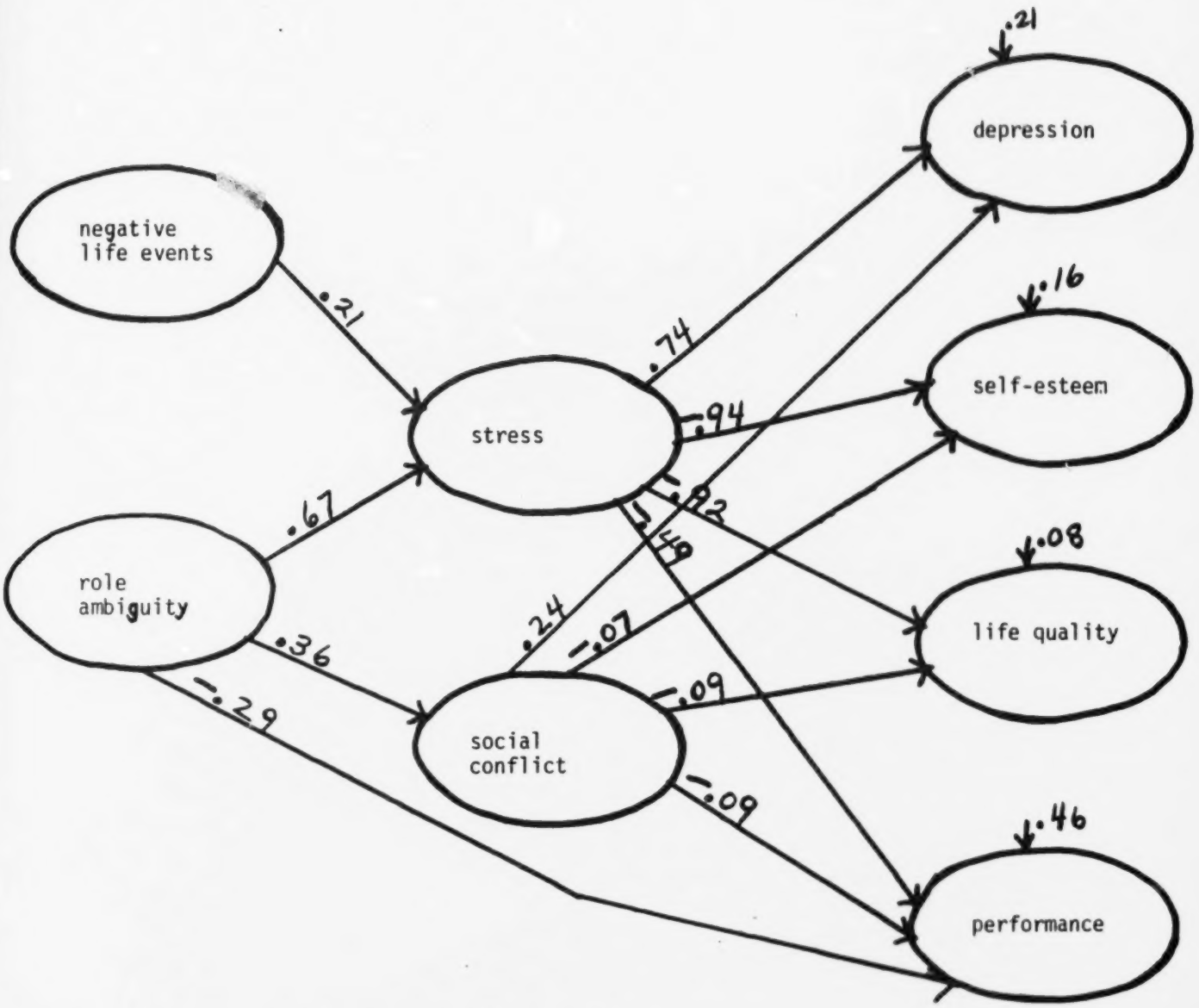
Figure 1




df=93 $x^2$=148.24 goodness of fit index = .972

root mean square residual = .027

Figure 2




df=93 $x^2$=210.37 goodness of fit index = .945

root mean square residual = .033